



Dkt. 0575/58077/JPW/AJM/MML

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Anna Marie Pyle and Eckhard Jankowsky

Serial No. : 09/492,954

Examiner: J.A. Goldberg

Filed : January 27, 2000

Group Art Unit: 1634

For : ASSAYS FOR EVALUATING THE FUNCTION OF RNA
HELICASES

1185 Avenue of the Americas
New York, NY 10036
June 2, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

AMENDMENT IN RESPONSE TO APRIL 28, 2004 OFFICE ACTION

This Amendment is submitted in response to the April 28, 2004 Office Action issued in connection with the above-identified patent application. A response to the April 28, 2004 Office Action is due July 28, 2004. Accordingly, this Amendment is timely filed.



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163P
ifw

In re Application of: Anna Marie Pyle and Eckhard Jankowsky

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P.O. Box 1450
Alexandria, VA 22313-1450

June 2, 2004

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE FEE				
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTIT Y
Total Claims	5	-	* (20)	=	0	X	\$9	\$18	=	\$0	0
Indepen- dent Claims	1	-	** (3)	=	0	X	\$42	\$84	=	0	0
Multiple Dependent Claim(s) Presented _____ Yes <u> X </u> No For First Time							\$140	\$280	0	\$140	0
							TOTAL ADDITIONAL FEE \$0				

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

**If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No.
in the amount of \$_____.

_____ A check in the amount of \$_____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

John P. White
Registration No. 28,678
Alan J. Morrison
Registration No. 37,399
Attorneys for Applicants
Cooper & Dunham LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Alan J. Morrison
Reg. No. 37,399

Date

6/2/07